

2278 U.S. PTO  
10/685876



101403

PTO/SB/19 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>PLANT PATENT APPLICATION TRANSMITTAL</b>  <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No.	514112900300
	First Named Inventor	James DOYLE
	Title	PRUNE TREE NAMED 'D6N-72'
	Express Mail Label No.	EL 990 374 927 US

ADDRESS TO:	<b>MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</b>
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APPLICATION ELEMENTS <small>See MPEP chapters 600 &amp; 1600 concerning plant patent application contents.</small>	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> <b>Fee Transmittal Form (e.g., PTO/SB/17)-1 pg IN DUPL</b> <small>(Submit an original, and a duplicate for fee processing)</small>	7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))
2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small>
3. <input checked="" type="checkbox"/> <b>Specification</b> [Total Pages <b>21</b> ] <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none"> <li>- Descriptive title of the invention</li> <li>- Cross References to Related Applications</li> <li>- Statement Regarding Fed sponsored R &amp; D</li> <li>- Latin name of genus and species</li> <li>- Variety denomination</li> <li>- Background of the Invention</li> <li>- Brief Description of the Drawings</li> <li>- Detailed Botanical Description</li> <li>- A single claim</li> <li>- Abstract of the Disclosure</li> </ul>	9. <input type="checkbox"/> English Translation Document (if applicable)
4. <input checked="" type="checkbox"/> <b>Color drawing(s)</b> [Total Sheets <b>2</b> ] <small>(2 copies required - 37 CFR 1.165(b))</small>	10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
5. <b>Oath or Declaration - UNSIGNED</b> [Total Pages <b>2</b> ] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 16 completed)</small> i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	11. <input type="checkbox"/> Preliminary Amendment
6. <input checked="" type="checkbox"/> <b>Application Data Sheet. See 37 CFR 1.76. - 3 pgs</b>	12. <input checked="" type="checkbox"/> <b>Return Receipt Postcard (MPEP 503)</b> <small>(Should be specifically itemized)</small>
	13. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small>
	14. <input type="checkbox"/> Request Nonpublication under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
	15. <input type="checkbox"/> Other: <div style="border: 1px solid black; height: 80px; width: 250px;"></div>

Note: Please state the Latin name and variety denomination of the plant claimed in a separate section of the specification

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76.

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_

Art Unit: \_\_\_\_\_

**For CONTINUATION or DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

#### 17. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number:	20872	OR	<input type="checkbox"/> Correspondence address below
Name			
Address			
City	State	Zip Code	
COUNTRY	Telephone	Fax	
Name (Print/Type)	Michael R. Ward	Registration No. (Attorney/Agent)	38,651
Signature	Michael R Ward	Date	October 14, 2003

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as **Express Mail**,  
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 Alexandria, VA 22313-1450, on the date shown below.

Dated: **October 14, 2003** Signature:  (Lilla Olsen)

sf-1583114

EL 990374927US

<b>FEE TRANSMITTAL for FY 2004</b>				<i>Complete if Known</i>			
<i>Effective 10/01/2003, Patent fees are subject to annual revision.</i>				Application Number		Not Yet Assigned	
				Filing Date		Concurrently Herewith	
				First Named Inventor		James DOYLE	
				Examiner Name		Not Yet Assigned	
				Art Unit		N/A	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				Attorney Docket No.		514112900300	
<b>TOTAL AMOUNT OF PAYMENT</b>		(\$) <b>265.00</b>					

  

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)																																																																																																																																																																																																																																																			
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<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: <b>03-1952</b> Deposit Account Name: <b>Morrison &amp; Foerster LLP</b> The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - 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<b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b> <table style="width: 100%;"> <tr> <td>Total Claims</td> <td><b>1</b></td> <td>** =</td> <td><b>0</b></td> <td>x</td> <td><b>0</b></td> <td>=</td> <td><b>0</b></td> </tr> <tr> <td>Independent Claims</td> <td><b>1</b></td> <td>** =</td> <td><b>0</b></td> <td>x</td> <td><b>0</b></td> <td>=</td> <td><b>0</b></td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>=</td> <td><b>0</b></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>86</td><td>2201</td><td>43</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>290</td><td>2203</td><td>145</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>86</td><td>2204</td><td>43</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr> <td colspan="4" style="padding: 5px;"><b>SUBTOTAL (2) (\$)</b></td> <td colspan="2" style="padding: 5px;"><b>0.00</b></td> </tr> </tbody> </table> <p><small>**or number previously paid, if greater; For Reissues, see above</small></p>						Total Claims	<b>1</b>	** =	<b>0</b>	x	<b>0</b>	=	<b>0</b>	Independent Claims	<b>1</b>	** =	<b>0</b>	x	<b>0</b>	=	<b>0</b>	Multiple Dependent						=	<b>0</b>	Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1202	18	2202	9	Claims in excess of 20		1201	86	2201	43	Independent claims in excess of 3		1203	290	2203	145	Multiple dependent claim, if not paid		1204	86	2204	43	** Reissue independent claims over original patent		1205	18	2205	9	** Reissue claims in excess of 20 and over original patent		<b>SUBTOTAL (2) (\$)</b>				<b>0.00</b>																																																																																																																																																																													
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1201	86	2201	43	Independent claims in excess of 3																																																																																																																																																																																																																																																			
1203	290	2203	145	Multiple dependent claim, if not paid																																																																																																																																																																																																																																																			
1204	86	2204	43	** Reissue independent claims over original patent																																																																																																																																																																																																																																																			
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent																																																																																																																																																																																																																																																			
<b>SUBTOTAL (2) (\$)</b>				<b>0.00</b>																																																																																																																																																																																																																																																			

  

SUBMITTED BY				(Complete if applicable)	
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Signature <b>Michael R Ward</b>		Date <b>October 14, 2003</b>			